

LEWIS COUNTY ENVIRONMENTAL SERVICES INSTALLER CHECKLIST

COMPLETE THE CHECKLIST BEFORE CALLING FOR A FINAL INSPECTION. PROVIDE THE CHECKLIST TO THE COUNTY INSPECTOR AT THE TIME OF INSPECTION.

PERMIT NO: _____

TAX PARCEL NO: _____

APPLICANTS NAME: _____
(AS LISTED ON PERMIT)

ADDRESS: _____

SEPTIC SYSTEM INFORMATION

SEPTIC & PUMP TANK MANUFACTURER: _____

SEPTIC TANK SIZE _____ PUMP TANK SIZE _____

PUMP MANUFACTURER: _____

MODEL # AND SIZE: _____

ELECTRICAL PANEL MANUFACTURER & MODEL NO: _____

EFFLUENT FILTER MANUFACTURER: _____

THE MEASURED DRAWDOWN PER DOSE CYCLE: _____

RESIDUAL PRESSURE AND/OR SQUIRT HEIGHT AT THE END OF EACH LATERAL:

LATERAL 1 _____	LATERAL 7 _____
LATERAL 2 _____	LATERAL 8 _____
LATERAL 3 _____	LATERAL 9 _____
LATERAL 4 _____	LATERAL 10 _____
LATERAL 5 _____	LATERAL 11 _____
LATERAL 6 _____	LATERAL 12 _____

IF ANY CHANGES HAVE BEEN MADE TO THE APPROVED DESIGN LIST THEM:

I, _____, CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS
(PRINT NAME HERE) COMPLETE AND ACCURATE.

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SIGNATURE: _____
(CERTIFIED INSTALLER)

DATE: _____

NAME OF COMPANY: _____